Supplemental Application Data Sheet

Application Information

<u>Serial No.::</u> <u>10/571,242</u>

<u>Filing Date::</u> <u>04/30/07</u>

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit:: N/A

CD-ROM or CD-R?:: None

Sequence submission?:: None

Computer Readable Form (CRF)?:: No

Title:: TUMOR SUPPRESSOR LKB1 KINASE

DIRECTLY ACTIVATES AMP-ACTIVATED

KINASE

Attorney Docket Number:: B0662.70057US01

Request for Early Publication?:: No

Request for Non-Publication?:: No

Small Entity?:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United States

Status:: Full Capacity

Given Name:: Lewis

Middle Name:: C.

Family Name:: CANTLEY

<u>City of Residence::</u> <u>Cambridge</u>

State or Province of Residence:: Massachusetts

Street of mailing address:: 43 Larch Road

City of mailing address:: Cambridge

State or Province of mailing address:: Massachusetts

Country of mailing address:: U.S.

Zip Code of mailing address:: 02138

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United States

Status:: Full Capacity

Given Name:: Reuben

Middle Name:: J.

Family Name:: SHAW

<u>City of Residence::</u> <u>San Diego</u>

State or Province of Residence:: California

Street of mailing address:: <u>c/o Salk Institute for Biological Studies</u>

Post Office Box 85800

c/o Beth Israel Deaconess Medical Center,

Inc.

330 Brookline Avenue, RN-325

City of mailing address:: San Diego Boston

State or Province of mailing address:: California Massachusetts

Country of mailing address:: U.S.

Zip Code of mailing address:: 92186-5800 02215

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United States

Status:: Full Capacity

Given Name:: Nabeel

Middle Name::

Family Name:: BARDEESY

City of Residence:: Boston

State or Province of Residence:: Massachusetts

Street of mailing address:: <u>c/o Center for Cancer Research</u>

Simches Bldg., CPZN 4200, 4th Floor

185 Cambridge Street

c/o Dana-Farber Cancer Institute, Inc.

44 Binney Street

City of mailing address:: Boston

State or Province of mailing address:: Massachusetts

Country of mailing address:: U.S.

Zip Code of mailing address:: 02114 02115

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United States

Status:: Full Capacity

Given Name:: Ronald

Middle Name:: A.

Family Name:: DEPINHO

City of Residence:: Brookline

State or Province of Residence:: Massachusetts

Street of mailing address:: 565 Boylston Street

City of mailing address:: Brookline

State or Province of mailing address:: Massachusetts

Country of mailing address:: U.S.

Zip Code of mailing address:: 02445

Correspondence Information

Correspondence Customer Number:: 23628

Representative Information

Representative Customer Number:: 23628

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	US2004/029437	09/09/04
US2004/029437	claims priority to	60/501513	09/09/03
US2004/029437	claims priority to	60/506705	09/26/03

Foreign Priority Information

Assignee Information

Assignee name:: Beth Israel Deaconess Medical Center, Inc.

Street of mailing address:: 330 Brookline Avenue

City of mailing address:: Boston

Country of mailing address:: Massachusetts

Postal or Zip Code of mailing address:: 02215

AND

Assignee name:: Dana-Farber Cancer Institute, Inc.

Street of mailing address:: 44 Binney Street

City of mailing address::

Boston

Country of mailing address:: Massachusetts

Postal or Zip Code of mailing address:: 02115